

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV -4 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P 990000 83886

1. Corporation Name

E-Z AUTO & TRUCK PLAZA, INC

**REINSTATEMENT**

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2. Principal Office Address

1325 S. ST. RD 7

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FT LAUD FL

City & State

FL.

Zip

Country

Zip

Country

000024417980

11/04/03--01060--032 \*\*750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

9/2/99

5. FEI Number

65-0953132

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

CHARLES J GOLDMAN

Street Address (P.O. Box Number is Not Acceptable)

601 S FED HIGHWAY

Suite, Apt. #, Etc.

City

HOLLYWOOD FL

State

FL

Zip Code

33020

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 11-3-03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P.D.</u>	<u>JEANNOT PIERRE</u>	<u>7982 LASALLE DR</u>	<u>MIRAMAR FL 33023</u>
<u>STD</u>	<u>RACHEL THOMAS</u>	<u>7982 LASALLE DR</u>	<u>MIRAMAR FL 33023</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Jeannot Pierre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-03

Date

954-4476022

Daytime Phone #

CR2E081 (10/02)